

AFFIDAVIT ACCOMPANYING MOTION FOR
PERMISSION TO APPEAL IN FORM 203 MAY 31 2013 PM 2: 58
United States Court of Appeals
for the

MARSCA White

UNITED STATES of
AMERICA v. Case No.

) Appeal from the United States District Court for the
) Southern District of INDIANA
)
)
) District Court No. _____
)
)
)

Affidavit in Support of Motion

I swear or affirm under penalty of perjury that, because of my poverty, I cannot prepay the docket fees of my appeal or post a bond for them. I believe I am entitled to redress. I swear or affirm under penalty of perjury under United States laws that my answers on this form are true and correct. (28 U.S.C. § 1746; 18 U.S.C. § 1621.)

Signed: M. White

Instructions

Complete all questions in this application and then sign it. Do not leave any blanks: if the answer to a question is "0," "none," or "not applicable (N/A)," write that response. If you need more space to answer a question or to explain your answer, attach a separate sheet of paper identified with your name, your case's docket number, and the question number.

Date: 5.29.2013

My issues on appeal are:

1. For both you and your spouse estimate the average amount of money received from each of the following sources during the past 12 months. Adjust any amount that was received weekly, biweekly, quarterly, semiannually, or annually to show the monthly rate. Use gross amounts, that is, amounts before any deductions for taxes or otherwise.

Income source

Average monthly amount
during the past 12 months

Amount expected
next month

	You	Spouse	You	Spouse
Employment	\$ 0	\$	\$ 0	\$
Self-employment	\$ 0	\$	\$ 0	\$
Income from real property (such as rental income)	\$ 0	\$	\$ 0	\$
Interest and dividends	\$ 0	\$	\$ 0	\$
Gifts	\$ 30-80	\$	\$ 30-80	\$
Alimony	\$ 0	\$	\$ 0	\$
Child support	\$ 0	\$	\$ 0	\$
Retirement (such as social security, pensions, annuities, insurance)	\$ 0	\$	\$ 0	\$
Disability (such as social security, insurance payments)	\$ 0	\$	\$ 0	\$

Unemployment payments
Public-assistance (such as welfare)
Other (specify): _____

\$ <u>0</u>	\$ <u>1</u>	\$ <u>0</u>	\$ <u>1</u>
\$ <u>0</u>	\$ <u>1</u>	\$ <u>0</u>	\$ <u>1</u>
\$ <u>0</u>	\$ <u>1</u>	\$ <u>0</u>	\$ <u>1</u>
\$ <u>30.90</u>	\$ <u>1</u>	\$ <u>0</u>	\$ <u>1</u>

Total monthly income:

2. List your employment history, most recent employer first. (Gross monthly pay is before taxes or other deductions.)

Employer	Address	Dates of Employment	Gross monthly pay
<u>NA</u>			

3. List your spouse's employment history, most recent employer first. (Gross monthly pay is before taxes or other deductions.)

Employer	Address	Dates of Employment	Gross monthly pay
<u>NA</u>			

4. How much cash do you and your spouse have? \$ None
Below, state any money you or your spouse have in bank accounts or in any other financial institution.

Financial Institution	Type of Account	Amount you have	Amount your spouse has
<u>NA</u>			

If you are a prisoner, you must attach a statement certified by the appropriate institutional officer showing all receipts, expenditures, and balances during the last six months in your institutional accounts. If you have multiple accounts, perhaps because you have been in multiple institutions, attach one certified statement of each account.

5. List the assets, and their values, which you own or your spouse owns. Do not list clothing and ordinary household furnishings.

Home (Value)	Other real estate (Value)	Motor Vehicle #1 (Value)
<u>NA</u>	<u>A</u>	Make & year: _____
		Model: _____
		Registration # _____

Motor Vehicle #2 (Value)	Other assets (Value)	Other assets (Value)
Make & year: _____	_____	_____
Model: _____	_____	_____
Registration # _____	_____	_____

6. State every person, business, or organization owing you or your spouse money, and the amount owed.

Person owing you or your spouse money	Amount owed to you	Amount owed to your spouse
_____	_____	_____
_____	_____	_____
_____	_____	_____

7. State the persons who rely on you or your spouse for support.

Name [or if under 18, initials only]	Relationship	Age
_____	_____	_____
_____	_____	_____
_____	_____	_____

8. Estimate the average monthly expenses of you and your family. Show separately the amounts paid by your spouse. Adjust any payments that are made weekly, biweekly, quarterly, semiannually, or annually to show the monthly rate.

Rent or home-mortgage payment (including lot rented for mobile home)	\$ <u>N/A</u>	\$ _____
Are real estate taxes included? [] Yes [] No		
Is property insurance included? [] Yes [] No		
Utilities (electricity, heating fuel, water, sewer, and telephone)	\$ <u>N/A</u>	\$ _____
Home maintenance (repairs and upkeep)	\$ <u>N/A</u>	\$ _____
Food	\$ <u>N/A</u>	\$ _____
Clothing	\$ <u>N/A</u>	\$ _____
Laundry and dry-cleaning	\$ <u>N/A</u>	\$ _____

Medical and dental expenses	\$ 0	\$
Transportation (not including motor vehicle expenses)	\$ 0	\$
Recreation, entertainment, newspapers, magazines, etc.	\$ 0	\$
Insurance (not deducted from wages or included in mortgage payments)		
Homeowner's or renter's	\$ 0	\$
Life	\$ 0	\$
Health	\$ 0	\$
Motor vehicle	\$ 0	\$
Other: _____	\$ 0	\$
Taxes (not deducted from wages or included in mortgage payments)	\$ 0	\$
(specify): _____		
Installment payments	\$ 0	\$
Motor Vehicle	\$ 0	\$
Credit card (name): _____	\$ 0	\$
Department store (name): _____	\$ 0	\$
Other: _____	\$ 0	\$
Alimony, maintenance, and support paid to others	\$ 0	\$
Regular expenses for operation of business, profession, or farm	\$ 0	\$
(attach detail)		
Other (specify): _____	\$ 0	\$
Total monthly expenses:	\$ 0	\$

9. Do you expect any major changes to your monthly income or expenses or in your assets or liabilities during the next 12 months?

[] Yes [X] No If yes, describe on an attached sheet.

10. Have you paid-or will you be paying-an attorney any money for services in connection with this case, including the completion of this form?

[] Yes [X] No If yes, how much? \$

If yes, state the attorney's name, address, and telephone number:

N/A

11. Have you paid-or will you be paying-anyone other than an attorney (such as a paralegal or a typist) any money for services in connection with this case, including the completion of this form?

[] Yes [] No If yes, how much? \$ N/A

If yes, state the person's name, address, and telephone number:

N/A

12. Provide any other information that will help explain why you cannot pay the docket fees for your appeal.

I BEEN IN PRISON LONG ON 16 years

13. City and state of your legal residence.

N/A

Your daytime phone number: () N/A

Your age: 38 Your years of schooling: 1 1/2 college

Last four digits of your social-security number 6631